

**Appendix K:**  
**Safety Perceptions Survey form**

<b>Unit/Facility:</b>		<b>UIC:</b>		<b>Date:</b>	
<b>SAFETY PERCEPTIONS SURVEY</b>					
<p><b>INSTRUCTIONS:</b> You have been selected to express your views on Safety. <b>DO NOT SIGN THIS FORM</b>, but please indicate your rank/grade (by category) (and individual military organization [e.g., Detachment/Company/Troop or Facility], above, as applicable). This 32-question survey asks for your opinions; there are no <i>right</i> or <i>wrong</i> answers. Indicate your level of agreement with each of the following statements on a scale of 1 through 5, "1" indicating you <b>STRONGLY DISAGREE</b> statement, and "5" indicating you <b>STRONGLY AGREE</b> with the statement. Leave the space blank if you don't know. Complete all portions of the form, and forward immediately to the Unit/Facility Aviation Safety Officer.</p>					
<b>QUESTION</b>					<b>RESPONSE</b> (Circle or Check Only a Single Box)
1. I believe the Unit/Facility Safety program is effective in eliminating accidents.	1	2	3	4	5
2. The safety training provided through the Unit/Facility helps me do my job safely.	1	2	3	4	5
3. My supervisor encourages safe job procedures.	1	2	3	4	5
4. Safety inspections on tools and equipment are made at regular, frequent intervals.	1	2	3	4	5
5. The Unit/Facility communicates the importance of safety.	1	2	3	4	5
6. The Safety Award Program is effective in recognizing individual safety performance.	1	2	3	4	5
7. Members of this Unit/Facility are well-trained in emergency procedures and practices.	1	2	3	4	5
8. When an accident occurs, it is thoroughly investigated.	1	2	3	4	5
9. Experienced individuals regularly train new members in safety and health practices.	1	2	3	4	5
10. Safety does not take a back seat to OPTEMPO.	1	2	3	4	5
11. Safety Standard Practices are reviewed regularly with Unit/Facility members.	1	2	3	4	5
12. Job performance standards are the same for productivity and safety.	1	2	3	4	5
13. My supervisor understands the safety considerations in/of my job.	1	2	3	4	5
14. Safety training is included in every new member's orientation.	1	2	3	4	5
15. My supervisor takes action on safety suggestions.	1	2	3	4	5
16. Emergency response drills are conducted periodically.	1	2	3	4	5
17. The Unit/Facility is consistent in its priorities and directives regarding safety.	1	2	3	4	5
18. My supervisor ensures safety is considered in all that is done.	1	2	3	4	5
19. My work environment is maintained in a safe condition.	1	2	3	4	5
20. Supervisors regularly participate in safety program activities.	1	2	3	4	5
21. Safety hazards that have been identified are corrected.	1	2	3	4	5
22. My supervisor discusses safety goals and objectives with me periodically.	1	2	3	4	5
23. My supervisor is concerned about his/her safety record.	1	2	3	4	5
24. Individuals are given enough time to do their work safely under all conditions.	1	2	3	4	5
25. I feel that my safety performance for the year is measured and accurately reflected during the OER/NCOER/Performance Appraisal process.	1	2	3	4	5
26. Safety Officers/NCOs are readily available to provide assistance and advice.	1	2	3	4	5
27. Individuals report safety problems to their supervisors.	1	2	3	4	5
28. My supervisor investigates all accidents that occur in my squad/section/team.	1	2	3	4	5
29. My fellow Unit/Facility members take personal responsibility for their safety.	1	2	3	4	5
30. Individuals use proper personal protective equipment, as needed, to do their jobs safely.	1	2	3	4	5
31. The Unit/Facility annually sets safety goals for which all are held accountable.	1	2	3	4	5
32. Individuals take part in the development of safety requirements for their jobs.	1	2	3	4	5
<b>RANK/GRADE</b> (Check One)	Contractor	E1 to SP4 (or Tech. eq.)	CPL to CSM (or Tech. eq.)	WO1 to CW5 (or Tech. eq.)	2LT to GEN (or Tech. eq.)